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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/615,217	07/08/2003	Mamoud Sadre		8515
MAMOUD SA	7590 08/12/200 DR E	8	EXAM	IINER
165 TREMONT STREET			POE, KEVIN T	
Unit #203 BOSTON, MA	02111		ART UNIT	PAPER NUMBER
			3693	
			MAIL DATE	DELIVERY MODE
			08/12/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

	Application No.	Applicant(s)	
Intonvious Summans	10/615,217	SADRE, MAMOUD	
Interview Summary	Examiner	Art Unit	
	KEVIN POE	3693	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>KEVIN POE</u> .	(3)		
(2) <u>MAMOUD SADRE</u> .	(4)		
Date of Interview: <u>30 July 2008</u> .			
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant 2	²)∏ applicant's representative	:]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) No.		
Claim(s) discussed: <u>1 and 4</u> .			
Identification of prior art discussed: <u>N/A</u> .			
Agreement with respect to the claims f) was reached. g)∏ was not reached. h)⊠ N	//A.	
Substance of Interview including description of the general reached, or any other comments: <u>Applicant submitted propissues in proposed amendment.</u>			
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW DATE, OR THE SUBSTANCE OF THE INTERVIEW OF THE INTERVIEW OF THE SUBSTANCE OF THE INTERVIEW OF THE SUBSTANCE OF THE INTERVIEW OF T	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM, V	been filed, APPLICA DAYS FROM THIS WHICHEVER IS LA	ANT IS
	/Kevin Poe/ Examiner, Art Unit 3693		
-	Examiner's signature, if requi	red	